N. B.--Every item of information should be carefully supplied. ACE should se stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD PENT BINDING WITH UNFADING INK-THIS IS A PERM MARGIN RESERVED FOR WRITE PL V.S. No. 1

1	PLACE OF DEATH County, Success and County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252
ificate.	Village or City Goldwille (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Jemale White Single, Wildows OR Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ions on k	6 DATE OF BIRTH (Month) (Day) (You	that I last saw h 1 aliva on 192 192 192 192 192 192 192 192 192 192
instruct	7 AGE 3 3 yrs. 4 mos. 9 ds. or	hrs. The CAUSE OF DEATH * was as follows:
rtant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
s very impo	9 BIRTHPLACE (State or country) Talkot Co. 10 NAME OF FATHER J. W. Fleetwood	Contributory Secondary Divation) yrs
NOLL	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2000	13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recant Rasidents) At place of deathyrsmosds. Where was disease contracted,
TOTUS	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
lateme	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4-1, 193/
10	Filed 4-7- 1931 Prff. W. Edder	20 UNDERTAKER W. Edding Centreville
	If mora bianks are needed, address Stata Reg	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many Architect, Locomotive engineer, not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISPERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," Uld Age, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic " "Coma," "Convulsions, etc. The contributory valvular heart Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permittently filed.

V. S. No. 1

PLACE OF DEATH County Ques County	04817 STATE OF MARYLAND CERTIFICATE OF DEATH
Pempleville	Registration Dist. No. 250
Village or City Lotter made: 2FULL NAME Marth Dars	St: Ward) (If death occurred is a hospital or Institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. WIDOWCED (Write the word)	16 DATE OF DEATH 26, 1911
(Month) (Day) (Year)	that I last saw held alive on 420, 102
7 AGE If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Cepausuru
business, or establishment in which employed or (employer) which employed or (employer) bus Would. 9 BIRTHPLACE (State or country)	Contribut ryas Culture 1 Pusst
10 NAME OF Rochester The Rochester	(Signed) June M. I
of FATHER (State or country) (State or country)	*State the listage Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAM OF MOTHER OF ILMON 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Informant) Hazares & malolice	
(Address) May Del M. DI	Mount Zion Cem Unil 28 19.3.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farner (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only laborer, Never return "Laborer," "Foreman," "Manager," "Dealor Al Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (not paid Housekeepers who receive a

spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Corebros pinti EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) Examples: Accidental drowning; Struck by railway trainapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(Transition," "Heart failure, transmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory affection need Nomenclature disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

El permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NENT

WITH UNFADING INK--THIS

BINDING

FOR

RESERVED

MARGIN

S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

0 11	(158) Registration Dist. No. 252
Village or City Whole (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Haury Mura	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Wate the word)	16 DATE OF DEATH April 8 , 1931. (Month) (Day) (Year)
DDATE OF BIRTH Work (Month) (Day) (Year)	that I last saw here alive on April 4 , 1921,
7 AGE If LESS then I day hrsds. ormin.?	. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Malutrition
(b) General nature of industry business, or establishment in which employed or (employer)	Termie, meaning dys function of para.
9 BIRTHPLACE (State or country)	Contributory and glands State OF Secondary (Duration) with the most des
10 NAME OF HAND Jumby	(Signed) Wolly fettilusic M. D. Quil 8.193 (Address) Stera ulle
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mabel Hills	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death)
(Informant)	usual residence
(Address)	Date of Burial OR REMOVAL Apr 8, 1981
Filed Cy ul 8 1931 Il Jamie Break Registrar	Burto Bas Centrevelle

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

md.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. woun-Spinner, (b) Cotton mill; (a) Salesman, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the pre-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

PLACE OF DEATH 14819 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospitel or institu-St.: Ward) tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE SINGLE, 16 DATE OF DEATH BINDING WIDOWED. OR DIVORCED (Write the word (Month)(Day) MEREBY CERTIFY, That I attended the decessed 6 DATE OF BIRTH (Day) (Year) If LESS than and that deeth occurred on the date stated above, I day hrs. The CAUSE OF DEATH * was as follows: RESERVED or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Contributory MARGIN 9 BIRTHPLACE Secondery (State or country) 10 NAME OF II BIRTHPLACE OF FATHER the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs......ds. (State or Country) Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURI 19 PLACE OF BURIAL If more bianks ere needed, address Stete Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DE to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Womspecification as Day 6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of death American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart famure,
> "Cold Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. affection need not be valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	0.4	0 3/		
	(23)	Re	egistration D	ist. No. 254
E Saral 87	- sublan	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
STATISTICAL PARTICL	JLARS	MEDICAL CERT	IFICATE O	F DEATH
MARRIED, WIDOWED.	200magn	OF DEATH	· · ·	(Day) (Year)
May 29 (Monyh) (Day)	., 1854 that I le	I HEREBY CERTIFY	That I atte	
rs. 10 mos. 22 ds	lday brs. The CAL			above, at /30 a _ m.
industry		ibutory Tuberc	ration 2 ulors	of laryux
maling Battelelb	1B LENG	tate the Pissase Caust Causes, state (1) Montal, Suicidal or Homicida TH OF RESIDENCE	sing Death, eans of Inju	
11.	At place of death Where wa if not at Former or	yrsmosds, a diaease contracted, place of dea.h?	In the State.	ds.
e market			DVAL	DATE OF BURIAL
	D STATISTICAL PARTICULAR OR RACE 5 SINGLE, WIDOWED, OR DIVORCED (Write the word Write the word (Write the word (Month) (Day) Track O mos. 22 ds Trac	Aurice (No. E Sand I Tour for the series of death. D STATISTICAL PARTICULARS OR OR RACE SINGLE, MARRIED, Long Or Divorced (Write the word) The Age of the series of th	CERTING CER	CERTIFICATE Registration D St.: Ward) E

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy, Courages,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 252
St.: Ward) (If death occurred landspital or Institution, give its NAME in
tion, give its NAME in stead of street an number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Chil 2/ , 192
3 Ofil 15 to 1937 to Sand for Justife
that I last saw handlive on Of 201. 21. 197
than and that death occurred on the date stated above, at
hrs. The CAUSE OF DEATH * was as follows:
(Duration) yes has now the
Contributory Secondary (Dynation)
(Signed) Dr. Hockett M.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
At place of deathyrsds,ds,ds,
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL OPIE 24, 193
hd. Sailon Sins Cultiviett M
istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, be used only when needed. As examples: (a) yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman, (b) without more precise specification as Day For persons who have no occupation -Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-CEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbalic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Aecidental drowning; Struck by railway traincausing death), 29 ds.; L (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease chopneumonia (secondary), affection etc. The contributory valvular heart Always qualify al need Macasles; disease; not be

If this certificate is looked over thoroughly and a'l questions auswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	I. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifi	statement of OCCUPATION is very important. See Instructions on back of certificate-	
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PLACE OF DEATH	STATE OF MARYLAND
County Q Q G	CERTIFICATE OF DEATH
	Registration Dist. No 250
Village or City 1/4 Lad tirely (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME LE LON J. Leffre	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Muly Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924. to Bolf 33. , 193/., that I last saw h an alive on the Hy, 1921/.,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
byrs. mos. ds. or min.?	Could Huyorhage
(a) Trade, profession or particular kind of work Jehns Formy	
(b) General nature of industry business, or establishment in	(Darie)
which employed or (employer) BIRTHPLACE (State or country)	Contributory Culled Balance Sclessing
10 NAME OF	(Duration) yrs mos de.
FATHER LINGTH	(Signed) William M. D. Muly / 1923 / (Address) Purcharely my
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Vielent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER LIMBUR	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wila Vrayies	usual residence
(Address) - Reflectly Trid	PLACE OF BURIAL OR REMOVAL May 3, 1931
15 Filed 5/2 198/ James J. Hardli	20 UNDERTAKER ADDRESS
The Registrar	M. IT stand Survey Till
If more hianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; L. shopneumonia (secondary) use of "Tumor" for malignant neoplasins); Measles; approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi " "Marasmus," "Old Age," "Shock," or intercurrent) Committee on Nomenclature Chronic etc. The contributory affection need valvular heart not be disease ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN '

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken er," etc., without more process. Total mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be "Heart failure, and consequences (e.g., sepsis, Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, valvular heart disease; etc. The contributory Measles;

American Medical Association.)

If the certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	I LACE OF BEATH	STATE OF MARYLAND
1	County Yuen anne.	CERTIFICATE OF DEATH
	- 0	(100)
	01 +	Registration Diss No. 233
	Village or City hw/m (No.	St.: Ward) (If death occurred in
946	00 . 0 -	tion, give its NAME is stead of street an
0	2FULL NAME Sarah Jane S	onus. stead of street and number.)
Ce	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, MONTH	16 DATE OF DEATH
Š	Telmil (Mrs. OR DIVORCED	Upl 13, 1981
pa	(Write the word)	(Month) (Day) (Year)
ב	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
8	- Ston Mkunny 1870	10 10 10 Club 12 103 (
0	(Month) (Day) ear)	that I last saw h & alive on Que 17, 1931
cti	7 AGE (If LESS than	and that death occurred on the date stated above, at 730 J m.
tr	H. I day hrs.	The CAUSE OF DEATH * was as follows:
28	yrs. mos. ds. or min.	0 7
0	8 OCCUPATION (a) Trade, profession or	Lettre Guloli
တိ	particular kind of work breen House Will	
1	(b) General nature of industry	
3	business, or establishment in which employed or (employer)	(Duration) yrs mos O ds.
0		Contributory Philippin
E I	9 BIRTHPLACE (State or country)	Secondary A
>	10 NAME OF CENT Stones	Que (180) 10 18 de
9	FATHER OF	(Signed) M.D.
s l	11 BIRTHPLACE	Uhli31931 (Address) terreconlle
2	OF FATHER	
2	Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
~ (V 12 MAIDEN NAME	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	13 BIRTHPLACE	ients or Recent Residents)
2	OF MOTHER	At place In the of death yrs, mos, ds. State yrs, mos, ds.
5	(State or country)	of death yrsda, State yrsds. Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
=	Hatti On	Former or usual residence
	(Informant) Take United	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0	(Address) lent sland m.	160 10 16 To Obs 15 31
010	15 212 0 5	20 UNDERTAKER DODRESS
	15 Filed all 13 198/J. C. Thomas	20 UNDERTAKER DODRESS
	For af Registrar	Momas Allerserll
- 1	If more banks are maded address that Posisters	16 W Sanaton St Polto Provesting V S No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton will; (a) Salesman, (b) Greery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know 'a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from, or given up on account of the DISEASE CAUSING DEASH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewije, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons onlaborer, For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many If the occupation has been changed Locomotive engineer,

whatever, write None.

Statement of Cause of Death—Name, first, the Distriction and causation, using always the same accepted term for the same disease. Examples: Carbrophal fever (the only definite synonym is "Epidemic cerebrospinal Labor over never report "Typhoid fever never nev prieumonia, Branchopneumonia ("Pneumonia

> stated unless important. Example: Meusles (disease approved by Committee on as fracture of skull, and consequences (c. g., sepsis, letterly) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" inges, peritonacum, etc., Carcinomu, Sarcama, etc., of carbolic acid-probably sucide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Thanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) for malignant neoplasms); (Thronic etc. The contributory affection valvadar heart Nomenclature need , "Shock," Measles; discase; not be death

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11

PLACE OF DEATH County Queen amule	34) STATE OF MARYLAND CERTIFICATE OF DEATH
la a A	Registration Dist. No. 253
Village or City Office (No	St.: Ward a hospital occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Cyril 8, 1931. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I lest saw h A alive on 1930,
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	lues congenta
which employed or (employer)	(Duration) yre, de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Display The most defined) (Signed) Woodof Sublitude M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Telle Leuce Jul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place At place In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of desth?
(Informant) (Address)	usual residence
15 Filed apr 8 1981 F. G. Thomas Registrar	26 UNDERTAKER DEVENSING
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphul fever (never report "Typhoid genemonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
		92-a Registration Dist. No. 253
	Village or City Allematon (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH ### 25 1841 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1936. to 1936., 1936., that I isst saw has alive on 1936., 1936.,
	70 yrs. 1 mos. /8 ds. or min.?	and that death occurred on the date stated above, at Stanm. The CAUSE OF DEATH * was as follows:
	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Dusiness, or establishment in swhich employed or (employer)	(Durstion)
	9 BIRTHPLACE (State or country) from and to md	Contributory Secondary (Duration)
600	10 NAME OF FATHER WM Q Sloyd	(Signed) M. D.
	OF FATHER Z (State or country)	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Mathilda Burns	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds, Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Glara V Jloyd	usual residence
	(Address) Ath Milling 1	terumpton april 17.18
	15 Filed april 16193 / Th Allies Registration	with yord fruch Hole
	If you be also are model added a State Desistant	16 W Secretors St. Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement etc., report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Traemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Ducay (lane County	0482 CERTIFICATE OF DEATH
(M. A. L. D.	Registration Dist. No. 23
Village or City fear (Releasing 1 1251	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in-
2 FULL NAME Jarah Jane Hage	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 STATES, WIDOWED, WIDOWED	16 DATE OF DEATH Exteril 6 , 19231
Sewale & nile (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH DATaken 26 1860	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw handlive on alive on 1981
7 AGE [If LESS than	and that death occurred on the date stated abova, at 7 30 Pm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
70 yrs. 5 mos. 10 ds. or min.?	Coremona of almon
8 OCCUPATION (i) Trade, profession or Strussoife barticular kind of work	
(b) General nature of industry	Elnel
business, or establishment in which employed or (employer)	(Durstion) yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
Leunsylvania	(Darshort) yis mosds.
10 NAME OF FATHER Cohert proul	(Signed) M. D.
II BIRTHPLACE	(Address)
(State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER /// A PROME (LUNC (STALRA)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLAGE	ients or Recent Residents) At place
(State or Country) Lesses glossed	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Has. Figlis Hage	Former or usual residence
(Address Hestertin Hod G.C.#/.	19 PLACE OF BURIAL OR MEMOVAL DATE OF BURIAL Chillo 1931
15 Filed april 7 1923 (W- H. Good Register (M Slis Bark Custerland Med.
If more bianks are needed, addrage State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesreport specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE 'CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. The heart disease; contributory

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V. S. No.

PLACE OF DEATH	14838 STATE OF MARYLAND
County 7	CERTIFICATE OF DEATH
and a	Registration Dist. No. 254
Village or City Gull Hour No. 174 N.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME BOLD. M	tion, give Its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ALLU W. SINGLE, WARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
MAN 8 1860	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
80 4 73 I dayhrs.	The CAUSE OF DEATH * was as follows:
O yrs. mos. ds. or min.?	Of mounts was a Massac
(1) Trade, profession or oarticular kind of work	Cir. Vaccition Heart 11 (Victor)
(h) General nature of industry business, or establishment in which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE (State or country) (Md).	Contributory Secondary (Duration) yrs
10 NAME OF WW Merchand	(Signed), MOO O MOO M. D. (Signed), M. D. (Address), Stevens Mile
11 BIRTHPLAGE OF FATHER (State or eountry) 12 MAIDEN NAME ALL	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal.
of MOTHER Way Balding	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
0001:00-1110-00	Former or usus! residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Unleus lown led	Trasousvill 4-6-, 1,3/
15 Filed 4-4-1431 Welen M. aldridge Registrary	FORT & Edding Cutreville

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day

Strtement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. valvular heart disease; Always qualify all The contributory Measles;

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YSI- xact	PLACE OF DEATH	CERTIFICATE OF MARYL
# 9 P	County Cheen ame S	Registration Dist. No.
TLY,	Village or City Sleveus ullo (No.	St.: Ward) (if dea
CORD EXACTI Iy classi ficate:	2FULL NAME Mary Mec Jan	tion, gi
ent stated properli	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
0 7 2 0 4	3 BEX 4 COLOR OR RACE MARRIED. WHOMED. OR DIVORCED (Write the word)	16 DATE OF DEATH Cynil L4 (Month)—(Day)
PERMA shoule It may b	6 DATE OF BIRTH MRNoun 1878	192 . to Standard the
R S A CE that	(Month) (Day) (Year)	and that death occurred on the date stated above, at
FOR FOR THIS IS A pilled ACE mas so that Instruction	7 AGE [If LESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
ED-THI	B OCCUPATION / ds. or min.?	allorosclerosis high
K	(a) Trade, profession or particular kind of work	(toysin,
RESERVIG INKefully sun n plain te	(b) General nature of industry business, or establishment in	(Deration) yrs
2 a 0	which employed or (employer)	Contributory Secondary
MARGIN UNFADI could be c	(State or country) maryland	Just N Selley
MAR I UNI	FATHER Thomas Jashrany	(Signed) (Address) Plum V
WITH on sh	OF FATHER (State or country) Marylana	*State the Disease Causing Death, or, in Violent Causa, atate (1) Meana of Injury and Accidental, Suicidal or Homicidal.
mati PAT	of MOTHER GLOS DE AND BULLY	18 LENGTH OF RESIDENCE (For Hospitals, Ins
nform state	13 BIRTHPLACE OF MOTHER	At place of deathyrs
PL of 1	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ITE em sho	(Informant) River In Caraliel	Former of usual residence
WRI Every Ite	(Address) Bleversoull Ind	Rentalia Ina all
BEV	15 File Cyn 25 193/7 C Thomas	Yough a Legg Hea
ż	If more blanks are needed, address State Registra	ir, 16 W. Sarataga St., Balto., Resultsting V. S. No. 1.

	1	1	4	5	0	ij	
82-a	1		-				-

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 253

luc Jan	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
CULARS	MEDICAL CERTIFICATE C	F DEATH
ED	16 DATE OF DEATH April (Month)	24 , 192 / 192 / Year)
/ 1/878	that I last saw has alive on April	ended the deceased from
(Year)	and that death occured on the date stated The CAUSE OF DEATH * was as follows:	above, at 4 1 m.
ds. ormin.?	atherosclerosis h	igh arterial
	(Decation)	yrs. Mos de.
	Contributory Secondary Contributory Ourations (Signed)	mos 53 de Lugio M. D.
rosy	*State the Discase Causing Death, Violent Causa, atate (1) Meana of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) whether
Mey	18 LENGTH OF RESIDENCE (For Hospi	
WLEDGE	Where was disease contracted, if not at place of death?	dsyrsmosds.
le Ind	19 PLACE OF BURIAL OR REMOVAL Rendellana ma	aple 25 193.
	20 UNDERTAKE	PODRESS MA

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesmon. (b) Grasery; Physician, Compositor, Architect, state occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed report Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specia ation as Day specifically the occupations of persons who are engaged in the duties of the For persons (b) Automobile factory. The material who have no occupation Locomotive engineer, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Juphoid fever (never report "Typhoid Pneumonia"; Lobar pueumonia, Bronchopneumonia ("Pneumonia);

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, onock, "Uraemia," "Weakness," etc., when a definite disease "Tranition," "Heart tanute, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic, "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as Whooping telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. or as probably such, if impossible to determine definitely. American Medical Association.) approved by Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; Committee on Nomenclature of the Chronic etc. affection need not valvular heart Always qualify all The contributory discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANE. -WRITE PLAINLY,

STATE OF MARYLAND	-CERTIFICATE OF DEATH ()4831
1. PLACE OF DEATH	- His
County Julew Gume	Registration Dist. No. 2 5 2
Village or City Coutreville	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	
2. FULL NAME Suranak / tright //	ightwan
(a) Residence: No.	U St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)	21. DATE OF DEATH Afris - 23.
ia. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of D. John Wightnesse	1 HEREBY CERTIFY. That I attended decaased from March 1- 1931, to Spring 23-1931
DATE OF BIRTH (month, day, and year) March 29 186	9 Hast saw har alive on Sprit 23 , 1931; death Is said
AGE Years Months Days ILESS than	
62 - 24 lday, min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Interesal Theresarch age
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Complecation, intestinal
10. Dato deceased last worked at 11. Total time (years)	times possibly malaquent?
this occupation (month and spant in this year) occupation	
BIRTHPLACE (city or town) Centreville	Other Contributory Causes of importance:
(State or country) Juene Cume Ce - ml	
13. NAME Jahn Spencer Meright	
14. BIRTHPLACE (city or town) besetreviere	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME aurie H. R. Durpue	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) bentrevelse (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) mul	Where did injury occur?
7. INFORMANT Mrs J. R. E. Zurfin (Address) Centrealle, Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Culturelle Date Up 15, 193	Natura of injury
O. UNDERTAKER Barton Brace (Address) Contacuelle m	24. Was disease or Injury in any way related to occupation of deceased? 450

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUBA TO TO	July 5,1927	Peritonitis	3 days ago	
L. Company				
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN